

**P020000019781**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
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Phone : (305)599-0839  
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**FLORIDA PROFIT CORPORATION OR P.A.****LITTLE BUDDIES 24 HOUR DAY CARE, INC.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

**OF**

**Little Buddies 24 Hour Day Care, Inc.**

**ARTILCE ONE**

The name of the Corporation is **Little Buddies 24 Hour Day Care, Inc.**

**ARTICLE TWO**

The number of shares the corporation is allowed to issue is 1,000 with a 1.00 par value.

**ARTICLE THREE**

The street address of the initial registered office of the corporation is 4815 E Busch Blvd Suite 113, Tampa, FL 33617.

**ARTICLE FOUR**

The name and address of the incorporator is: Joseph Janezic 4815 E Busch Blvd Suite 113, Tampa, FL 33617.

**ARTICLE FIVE**

The mailing address of the initial principle office of the corporation is 2429 S Ramona Circle Tampa, FL 33612-8415

**ARTICLE SIX**

The officer's of the corporation are as follows:

President - Francis Molvere  
Vice President - Chaz Willock  
Treasurer - Veneta Francis

**IN WITNESS WHEREOF**, the undersign has executed these Articles of Incorporation.

  
\_\_\_\_\_  
Signature of Incorporator2-20-02  
\_\_\_\_\_  
Date**CERTIFICATE OF DESIGNATION****REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office – registered agent, in the State of Florida.

1. The Name of the Corporation is:

**Little Buddies 24 Hour Day Care, Inc.**

2. The name and address of the registered agent and office is:

**Joseph Janezic  
4815 E Busch Blvd Suite 113  
Tampa, FL 33617**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Joseph Janezic2-20-02  
\_\_\_\_\_  
Date

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